

RECEIVED:



- Instructions:**
- 1) A fiduciary may use this financial report instead of filing a final account for a decedent's estate unless:
(a) the court has ordered the fiduciary to file an account; or (b) an account is required under the Probate Court Rules of Procedure, section 36.3.
 - 2) Type or print the form in ink.
 - 3) Attach supporting schedules if necessary to provide additional details or explanatory notes.
 - 4) The fiduciary shall send a copy of this financial report to each party and attorney.
 - 5) For further information, see the Probate Court Rules of Procedure, sections 37.1 and 37.4.

Probate Court Name

District Number

Estate of

Fiduciary (List name, address and telephone number of each fiduciary.)

EACH FIDUCIARY WHO SIGNS THIS FINANCIAL REPORT REPRESENTS UNDER PENALTIES OF FALSE STATEMENT THAT:

- 1) The fiduciary has retained all supporting records for this financial report as required by the Probate Court Rules of Procedure, section 36.13, and the records are available for review on request.
- 2) All funeral expenses, taxes, expenses of administration and claims of creditors are shown below and have been paid.
- 3) All distributions listed below have been or will be distributed.
- 4) The following is a true and complete summary of the assets of the estate and the fiduciary's receipts, payments and distributions:

Assets and Income Received

Total amount reported on the inventory	\$
Total amount of additional assets received	\$
Income received:	
Interest:	\$
Dividends:	\$
Rent:	\$
Other (Specify and attach second sheet if necessary.)	\$
Net amount of gain (or loss) on the sale of assets	\$
If real property has been sold, attach copy of settlement statement from closing.	
Cash advanced to the estate by _____ to pay claims and expenses	\$
Indicate if there is an expectation of reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total	\$

Payments

Funeral Expenses:	\$
Administration Expenses:	
Fiduciary fees:	\$
Fiduciary disbursements:	\$
Attorney's fees:	\$
Attorney's disbursements:	\$
Accounting expenses:	\$
Probate court fees and expenses:	\$
Probate bond premium:	\$
Publication of notices:	\$
Other expenses (Specify and attach second sheet if necessary.)	\$
Taxes:	
Town of:	
Property Tax	\$
State of Connecticut	
Income Tax	\$
Estate Tax	\$
Internal Revenue Service	
Income Tax	\$
Estate Tax	\$
Total amount of claims as reported on PC-237, Return of Claims and List of Notified Creditors	\$
Total	\$

Distributions

Except as provided in section 37.4 of the Probate Court Rules of Procedure, distributions must be itemized and listed at fair market value on the date of distribution. Attach second sheet if necessary.

Distributions Already Made as of the Date of this Financial Report

Name of Distributee	If decedent had a will, specify section providing for distribution	Assets Distributed	Fair Market Value
			\$
			\$
			\$
			Subtotal \$
			\$
			\$
			\$
			Subtotal \$
			\$
			\$
			\$
			Subtotal \$
			Total \$

Proposed Distributions

Name of Distributee	If decedent had a will, specify section providing for distribution	Assets to be Distributed	Fair Market Value
			\$
			\$
			\$
			Subtotal \$
			\$
			\$
			\$
			Subtotal \$
			\$
			\$
			\$
			Subtotal \$
			\$
			\$
			\$
			Subtotal \$
			Total \$

Reserve (if any)

Assets	Fair Market Value
	\$
	\$
	Total \$

EACH FIDUCIARY REQUESTS: (1) approval of this financial report; (2) approval of any proposed distribution shown above; and (3) release from liability, pursuant to C.G.S. § 45a-176, with respect to all items shown in this financial report.

The fiduciary requests the issuance of a certificate to record the distribution of real property on the land records.

The representations contained in this financial report are made under the penalties of false statement.

Signature of Fiduciary	Signature of Fiduciary
Type or Print Name	Type or Print Name
Date	Date

Certification

I certify that a copy of this financial report was sent to the following persons:

Name and Address

Signature of fiduciary or attorney _____

Type or Print Name: _____

Date: _____